Registration District No. Primary Registration District No. 3032 Registrary No. 00 1. PLACE OF DEATH: 1. PL	No. 2 [—5-43 5-17-39	DEPARTMENT OF COMMERCE FILED SEP 22 1947, THE STATE BOARD OF F	0 4 0 0		
(a) County Warrensburg (b) Clips or town (frontiatedors or two limits, write "RURAL" and amos of township) (b) Clips or town (frontiatedors or two limits, write "RURAL" and amos of township) (c) Warrensburg Clinic (d) Amos of hospital or institution. (Frontia basis or institution. (d) Amos of hospital or institution. (d) Amos of hospital or institution. (d) Empth of stay: In hospital or institution. (d) Empth of stay: In hospital or institution. (d) Empth of stay: In hospital or institution. (d) Street No. Route #6 ((front), given local to risky) (frontia basis were "RURAL") (g) Street No. Route #6 ((front), given local to risky) (g) Citizen of foreign country! (g) Street No. Route #6 ((front), given local to risky) (g) Citizen of foreign country! (h) Citizen of foreign country! (g) Citizen of foreign country! (h) Citizen of foreig	1 X36871	Registration District No. 164 Primary Registration Distric	et No. 3032 Registrar's No. 100		
(2) City or town. Warrens burg (3) City or town. Warrens burg (4) City or town. Warrens burg (5) City or town. Warrens burg (6) City or town. Warrens burg (7) Manne of honorizabile sity towns inside sity towns in the state inspect position) (6) Length of stay: In hospital or institution. I day (7) Gipselfy whater (8) Street No. Route 9 (1 creation) (8) Street No. Route 9 (1 creation) (9) City or town. (1 creation) (1 creation) (1 creation) (1 creation) (9) City or town. (1 creation) (1 creation) (1 creation) (1 creation) (1 creation) (2) City or town. Holden (Rural) (3) City or town. (1 creation) (4) Street No. Route 9 (6) Street No. Route 9 (7 creation) (8) Street No. Route 9 (8) City or town. (1 creation) (9) City or town links, were "Rural.") (9) City or town. Holden (Rural) (9) City or town links, were "Rural.") (9) City or town links, were "Rural.") (9) City or town. Holden (Rural) (9) City or town links, were "Rural.") (9) City or own links, were "Rural.") (10) City or town. Holden (Rural) (10) City or town links, were "Rural.") (11) City or town. Holden (Rural) (11) City or town links, were "Rural.") (12) City or town. Holden (Rural) (13) City or town. (City or large in links.") (14) City or town. Holden (Rural) (15) City or town. (City or links.) (15) City or town. Holden (Rural.") (16) Street No. Route 9 (17) City or warm links. (17) City or warm links. (17) City or warm links. (18) City or warm links. (2) City or warm links. (3) City or town. (4) City or town. (4) City or town. (5) City or	/	1. PLACE OF DEATH:			
College of control (Foundate city or two latins, write TRURAL' and mane of two labels) College of constitution College of college of constitution College of college of constitution College of	ſ <u></u>	(a) County Jonnson	(d) State Missouri (b) County Johnson 5/		
(d) Length of stay: In hospital or institution. I day [gently whether [g	, <u>8</u>	(b) City or town WELL-CITS DULE (If outside city or town limits, write "RURAL" and name of township)	(A) City or town Holden (Rural)		
(d) Length of stay: In hospital or institution. I day [gently whether [g	5, <u>E</u>	(c) Name of hospital or institution:	(If outside city or town limits, write "RURAL")		
3. (b) If veteran, name war XXXX No. XXXX A. Sex female race White frace white divored infant divored infant flat takes of the course of the date and hom dated above. 4. Sex female race white frace white flat the following flat that I lates aw h. 20. Alive on. 20. Date of the course of the date and hom dated above. 5. Color or divored infant 6. (c) Single, widowed, married, divored infant 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. XXXXyears alive. XXXXyears 7. Birth date of deceased. September 3. 104.7 (Year) 8. AGE: Years Months Days if less than one day O O I hr. mining e cause of death. 9. Birthplace Holden Missouri (State or foreign country) 10. Usual occupation. infant. 11. Industry or business. XXXXX 12. Name Mondell Estille Cox. 13. Birthplace Johnson County, Mo 14. Maiden name ("MITUTED") Watts Greek foreign country) 15. Birthplace Kansas City, Missouri (State or foreign country) 16. (a) Informant Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Missouri 15. Signature of funeral director Canaday and Ropp 15. Gibbs repressory within 3 monits of death) 16. (a) Signature of funeral director Canaday and Ropp 16. (b) Place: burial or cremation. Holden, Missouri 17. (b) Address Holden Missouri 18. Signature of funeral director Canaday and Ropp 19. (c) Place: burial or cremation. Holden, Missouri 19. (c) Least to 1947 (b) Least Annual and Ropp 19. (d) Missouri (linear bardets) (linear ba		Warrens purg Clinic (If not in hospital or institution, write street number or location)	(d) Street No. Route #6		
3. (b) If veteran, name war XXXX No. XXXX A. Sex female race White frace white divored infant divored infant flat takes of the course of the date and hom dated above. 4. Sex female race white frace white flat the following flat that I lates aw h. 20. Alive on. 20. Date of the course of the date and hom dated above. 5. Color or divored infant 6. (c) Single, widowed, married, divored infant 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. XXXXyears alive. XXXXyears 7. Birth date of deceased. September 3. 104.7 (Year) 8. AGE: Years Months Days if less than one day O O I hr. mining e cause of death. 9. Birthplace Holden Missouri (State or foreign country) 10. Usual occupation. infant. 11. Industry or business. XXXXX 12. Name Mondell Estille Cox. 13. Birthplace Johnson County, Mo 14. Maiden name ("MITUTED") Watts Greek foreign country) 15. Birthplace Kansas City, Missouri (State or foreign country) 16. (a) Informant Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Missouri 15. Signature of funeral director Canaday and Ropp 15. Gibbs repressory within 3 monits of death) 16. (a) Signature of funeral director Canaday and Ropp 16. (b) Place: burial or cremation. Holden, Missouri 17. (b) Address Holden Missouri 18. Signature of funeral director Canaday and Ropp 19. (c) Place: burial or cremation. Holden, Missouri 19. (c) Least to 1947 (b) Least Annual and Ropp 19. (d) Missouri (linear bardets) (linear ba	E	(d) Length of stay: In hospital or institution. 1 Cay			
3. (a) If veteran, name war XXXX	A.	In this community. 1 day (Specify whether			
3. (b) If veteran, name war XXXX No. XXXX A. Sex female race White frace white divored infant divored infant flat takes of the course of the date and hom dated above. 4. Sex female race white frace white flat the following flat that I lates aw h. 20. Alive on. 20. Date of the course of the date and hom dated above. 5. Color or divored infant 6. (c) Single, widowed, married, divored infant 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. XXXXyears alive. XXXXyears 7. Birth date of deceased. September 3. 104.7 (Year) 8. AGE: Years Months Days if less than one day O O I hr. mining e cause of death. 9. Birthplace Holden Missouri (State or foreign country) 10. Usual occupation. infant. 11. Industry or business. XXXXX 12. Name Mondell Estille Cox. 13. Birthplace Johnson County, Mo 14. Maiden name ("MITUTED") Watts Greek foreign country) 15. Birthplace Kansas City, Missouri (State or foreign country) 16. (a) Informant Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Missouri 15. Signature of funeral director Canaday and Ropp 15. Gibbs repressory within 3 monits of death) 16. (a) Signature of funeral director Canaday and Ropp 16. (b) Place: burial or cremation. Holden, Missouri 17. (b) Address Holden Missouri 18. Signature of funeral director Canaday and Ropp 19. (c) Place: burial or cremation. Holden, Missouri 19. (c) Least to 1947 (b) Least Annual and Ropp 19. (d) Missouri (linear bardets) (linear ba	ZN.	years, months or days)			
3. (b) If veteran, name war XXXX No. XXXX A. Sex female race White frace white divored infant divored infant flat takes of the course of the date and hom dated above. 4. Sex female race white frace white flat the following flat that I lates aw h. 20. Alive on. 20. Date of the course of the date and hom dated above. 5. Color or divored infant 6. (c) Single, widowed, married, divored infant 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. XXXXyears alive. XXXXyears 7. Birth date of deceased. September 3. 104.7 (Year) 8. AGE: Years Months Days if less than one day O O I hr. mining e cause of death. 9. Birthplace Holden Missouri (State or foreign country) 10. Usual occupation. infant. 11. Industry or business. XXXXX 12. Name Mondell Estille Cox. 13. Birthplace Johnson County, Mo 14. Maiden name ("MITUTED") Watts Greek foreign country) 15. Birthplace Kansas City, Missouri (State or foreign country) 16. (a) Informant Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Mo, Route #6 (b) Address Holden Missouri 15. Signature of funeral director Canaday and Ropp 15. Gibbs repressory within 3 monits of death) 16. (a) Signature of funeral director Canaday and Ropp 16. (b) Place: burial or cremation. Holden, Missouri 17. (b) Address Holden Missouri 18. Signature of funeral director Canaday and Ropp 19. (c) Place: burial or cremation. Holden, Missouri 19. (c) Least to 1947 (b) Least Annual and Ropp 19. (d) Missouri (linear bardets) (linear ba	Z	3. (a) PRINT Barbara Lee Cox	H		
mame war. XXXX name war. XXXX name war. XXXX No. XXXX 1. I hereby certify that I attended the deceased from September 1 for a five read on the date and hour dated above. A sex female S. Color or race white G. (e) Single, widowed, married, divorced infant 19 female 19	INK-MAKE A		20. DATE OF DEATH: Month Sept day 4		
AAAA 7. Birth date of deceased. September 3, 1947 (Month) 1947 8. AGE: Years Months Days If less than one day O 0 1 hr. min. 9. Birthplace Holden Missouri 10. Usual occupation 1nf ant 11. Industry or business. XXXX Experimental Company of the company		II	year 1947 hour 1;00 minute A.M.		
AAAA 7. Birth date of deceased. September 3, 1947 (Month) 1947 8. AGE: Years Months Days If less than one day O 0 1 hr. min. 9. Birthplace Holden Missouri 10. Usual occupation 1nf ant 11. Industry or business. XXXX Experimental Company of the company					
ANA Table The properties of t		female/ white 6. (a) Single, widowed, married,) only 1947, to g , 19 ;		
AAAA 7. Birth date of deceased. September 3, 1947 (Month) 1947 8. AGE: Years Months Days If less than one day O 0 1 hr. min. 9. Birthplace Holden Missouri 10. Usual occupation 1nf ant 11. Industry or business. XXXX Experimental Company of the company		11 /			
7. Birth date of deceased September 3, 1947 (Nonth) 8. AGE: Years Months Days If less than one day O O I hr. min. 9. Birthplace Holden Missouri 10. Usual occupation Infant (City, town, or county) 11. Industry or business XXXX 12. Name Mondell Estille Cox (Industry) 13. Birthplace Johnson County, Mo 14. Maiden name (MITOTEE) Watts Sess foreign country) 15. Birthplace Kansas City, Missouri 16. (a) Informant Mondell E. Cox (State or foreign country) 16. (b) Address Holden Mo, Route #6 17. (c) Dillial (b) Date thereof 9/4/4/7 ((Busial, cremation, or removal) (c) Place: burial or cremation Holden, Missouri 18. (a) Signature of funeral director Canaday and Ropp (b) Address Holden, Missouri 19. (a) Missouri Holden, Missouri (Resistave stansuary) (b) Address Holden, Missouri 19. (a) Missouri (c) Means of injury (c) Means of i			Durstion		
10. Usual occupation 1NT ant (lacided pregnacy within 3 months of death) 11. Industry or business XXXX Industry or business XXXX	CK		Tolar lan Heart Hoalle		
10. Usual occupation 1NT ant (lacided pregnacy within 3 months of death) 11. Industry or business XXXX Industry or business XXXX	[A(7. Birth date of deceased OCULEMIDEL 3 (Day) (Year)	, land		
10. Usual occupation 1nf ant (lacidade pregnancy within 3 months of death) 11. Industry or business XXXX 12. Name Mondell Estille Cox	æ,	8. ACE: Vears Months Dave If less than one day	Due to Premoturity		
10. Usual occupation 1NT ant (lacided pregnacy within 3 months of death) 11. Industry or business XXXX Industry or business XXXX	ž				
10. Usual occupation 1NT ant (lacided pregnacy within 3 months of death) 11. Industry or business XXXX Industry or business XXXX	9		Due to		
10. Usual occupation 1NT ant (lacided pregnacy within 3 months of death) 11. Industry or business XXXX Industry or business XXXX	Ē	9. Birthplace Holden Missouri			
11. Industry or business 12. Name Mondell Estille Cox			Other conditions.		
The state of the county of the cause to which death the cause to death the cause to which death the cause to which death the cause to death the caus	SE	ll	'		
13. Birthplace Johnson County, Mo (Characteristry) Watts German country) 15. Birthplace Kansas City, Missouri 16. (a) Informant Mondell E. Cox (b) Address Holden Mo, Route #6 17. (a) burial (Burial, cremation, or removal) (c) Place: burial or cremation Holden, Missouri 18. (a) Signature of funeral director Canaday and Ropp (b) Address Holden Missouri 18. (a) Signature of funeral director Canaday and Ropp (b) Address Holden Missouri 19. (a) Sept. (c) Means of injury (c) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur? (City or town) (County) (State) While at work? (c) Means of injury While at work? (c) Means of injury (d) Did injury occur? (City or town) (County) (State) While at work? (c) Means of injury (d) Did injury occur? (c) Means of injury While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) While at work? (c) Means of injury (d) Date specify type of place) (e) Means of injury (f) Means of injury	7		Major findings:		
(c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (c) 19. (Date seried local register) (c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (d) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Address. Holden, Missouri (g) Address. Holden, Missouri (h) Address. Holden, Missouri (h) Date signed 19. (h) Date assigned 19. (h) Date signed 19	Ė		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (c) 19. (Date seried local register) (c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (d) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Address. Holden, Missouri (g) Address. Holden, Missouri (h) Address. Holden, Missouri (h) Date signed 19. (h) Date assigned 19. (h) Date signed 19	Z		which death		
(c) Place: burial or cremation. Holden, Missouri 18. (a) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (b) Address. Holden, Missouri (c) Place: burial or cremation. Holden, Missouri (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Means of injury (g) Means of injury (h) Address. Holden Missouri (h) Date signed 19/6/47	Ţ	MIIdred Watts Gen week Country)	Of autopsyshould be charged sta-		
(c) Place: burial or cremation. Holden, Missouri 18. (a) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (b) Address. Holden, Missouri (c) Place: burial or cremation. Holden, Missouri (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Means of injury (g) Means of injury (h) Address. Holden Missouri (h) Date signed 19/6/47	₽4 (c)				
(c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (c) 19. (Date seried local register) (c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (d) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Address. Holden, Missouri (g) Address. Holden, Missouri (h) Address. Holden, Missouri (h) Date signed 19. (h) Date assigned 19. (h) Date signed 19	E	II MONGALLEC COY : I	1		
(c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (c) 19. (Date seried local register) (c) Place: burial or cremation. Holden, Missouri 18. (d) Signature of funeral director. Canaday and Ropp (d) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, impublic place? (e) Means of injury (f) Address. Holden, Missouri (g) Address. Holden, Missouri (h) Address. Holden, Missouri (h) Date signed 19. (h) Date assigned 19. (h) Date signed 19	γR	10. (a) Informant			
(c) Place: burial or cremation. Holden, Missouri 18. (a) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Sept. (b) Savaruale (Registrar a signature) (Registrar a signature) (Address. Holden Mo. Date signed 19/16/4)	-				
(c) Place: burial or cremation. Holden, Missouri 18. (a) Signature of funeral director. Canaday and Ropp (b) Address. Holden, Missouri 19. (a) Neat (a) Javanual (Begistrar a signature) (Registrar a signature) (M.D. or other) (Registrar a signature) Address. Holden. Mo. Date signed 19/16/47		17. (a) DUF 18. (b) Date thereof 7/ T/ T/ (Burial, cremation, or removal) (Month) (Day) (Year)	(City or town) (County) (State)		
18. (a) Signature of funeral director. Canaday and Ropp While at work? (c) Means of injury (b) Address Holden Missouri 19. (a) Sept. (c) 19. (b) Sawarural (Lefe Haller) Address Holden Mo Date signed 19/6/47		(c) Place: burial or cremation Holden Missouri			
(b) Address Holden Missouri 19. (a) Death (e, 1947) (b) Davanual (relative Holden Mono Date signed 19/6/47) (Date Derived local registrary (Registrary a signature) / / Address Holden Mo Date signed 19/6/47		18. (a) Signature of funeral director Canaday and Ropp	While at work? (c) Means of injury		
(Date Seriet local registrar) (Registrar's signature) / // Address Notal Date signed B. // //		(b) Address Holden Missouri			
		19. (a) Deat. (b) Davarnale (relative (Date Decived local registrary)	Address Holder Mo Date signed \$ 9/6/47		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by				
	Registered Apprentice No		•-	
working under my personal supervision.				
•••••••••••••••••••••••••••••••••••••••	11180	12		

Licensed Embalmer No. 3/34/

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.